

Hardship Grant



The Fox Valley Special Recreation Foundation (FVSRF) is committed to ensuring that all individuals, regardless of financial circumstances, have access to our programs and services. Recognizing that unforeseen hardships and emergencies can pose significant barriers to participation, FVSRF is dedicated to providing hardship grants for program fees and for emergency situations to those in need.

Applicant Information

Name:	_____	D.O.B.:	_____
Address:	_____	Phone:	_____
	<i>Street address</i>		<i>Apt/Unit #</i>
	_____	Email:	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Please indicate your involvement with FVSRA:

- Participant Staff Member* Other (specify): _____

Guardian Information

Name:	_____	Phone:	_____
Relation to Participant:	_____	Email:	_____
Address:	_____		_____
<i>If different</i>	<i>Street Address</i>	<i>Apt/Unit #</i>	<i>State, Zip</i>

Please check at least one of the following selections that you currently receive or applies to you. You may be required to provide supporting documentation for your selections. If you don't receive any of these, additional documentation may be requested.

***If you indicated you are an FVSRA Staff member, please skip this section.**

- Reside in a CILA (Community Integrated Living Arrangement)
- Social Security Income
- Supplemental Nutrition Assistance Program (SNAP) through IL Link
- Illinois All Kids (CHIPRA)
- YouthCare Health Plan, DCFS

Program Information

If program information is applicable to your request, please list all that apply or attach a program registration.

Program Name: _____ Program Number: _____

Program Name: _____ Program Number: _____

Program Name: _____ Program Number: _____

Request Details

Other information that you would like to share that may be relevant to the scholarship request:

Disclaimer and Signature

I acknowledge that all information provided in this application is accurate and truthful to the best of my knowledge.

Signature: _____ Date: _____

